2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0200009381

INTERNATIONAL LASER DISPLAY ASSOCIATION, INC.



Principal Place of Business Mailing Address 3380 SOUTH PARK AVENUE 3380 SOUTH PARK AVENUE SUITE 5 SUITE 5 TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address

FILED Apr 28, 2003 8:00 am § Secretary of State

04-28-2003 90324 024 ****70.00



Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number Applied Fo
				55-6810381 Not Applica
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Nam	e and Address of Current	Registered Agent		7Name and Address of New Registered Agent
the obligations of regis	AL BOULEVARD 80 ity submits this statement fo	r the purpose of changing it	City s registered office	PAGE HOWARD et Address (P.O. Box Number is Not Acceptable) 3380 S. PARK AVE, STE 5 FL Zip Code 32780 e or registered agent, or both, in the State of Florida. I am familiar with, and acceptable
SIGNATURE	d or printed name of registered agent			ignature required when reinstating) OATE
FILE NOV	V: FEE IS \$61.25) · · · · · · · · · · · · · · · · · · ·	ampaign Financinç Contribution.	Added to Fees Florida Department of State
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS - CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	EXECUTIVE DIRECTOR Change Addition of the state of the st
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	P/D Change Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	D Change SAddi
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRES	WILLIAM R. BENNER, JR. SS 771 S. KIRKMAN ROAD, SUITE 113
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRES: CITY-ST-ZIP	ORLANDO, FL 32811 D Change BAddi TIM HARDAWAY T819 SOUTH 196 STREET KENT, WA 98032
TITLE NAME		Delete	TITLE NAME	D Change MAYER PL. 10

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(321)269-2081